

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: WASHINGTON

A. The following charges are imposed on the medically needy for services:

Service and Basis For Determination	Type of charge		Copoly	Amount
	Deductible	Coinsurance		
1. Services received in a hospital emergency room that are not of an emergent nature.			X	\$3.00

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MEDICALLY NEEDY COST SHARING (cont.)

B. The method used to collect cost sharing charges for medically needy individuals:

X Providers are responsible for collecting the cost sharing charges from individuals.

The agency reimburses providers the full Medicaid rate for services and collects the cost sharing charges from individuals.

C. The basis for determining whether an individual is unable to pay the charge, and the means by which an individual is identified to providers, is described below:

1. A medically needy (MN) person receives a medical identification card identifying the person as receiving MN coverage.
2. When the person accesses medical services in a hospital emergency room, the person provides the medical identification card to staff at the emergency room.
3. After the provision of medically necessary treatment services, if the medical provider determines the need for medical services was non-emergent, the client is informed of the copay requirement.
4. The client may pay the copay or state they do not have funds available.

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MEDICALLY NEEDY COST SHARING (cont.)

D. The procedures for implementing and enforcing the exclusions from cost sharing contained in 42 CFR 447.53(b) are described below:

1. The copay described in A is only for individuals over the age of eighteen who are not:
 - a. Pregnant;
 - b. Institutionalized; or
 - c. Enrolled in an HMO.

2. An emergency medical condition means the sudden onset of a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) such that the absence of immediate medical attention could reasonably be expected to result in serious jeopardy to the individual's health, serious impairment to bodily functions, or serious dysfunction of any bodily organ or part.

The \$3.00 copay is assessed only when the medical services received in a hospital emergency room are not included in the above definition.

3. The State will take the following steps to enforce exclusions from cost sharing:
 - a. Apprise providers via the Provider Numbered Memorandum;
 - b. Apprise Community Services Offices and Regions Offices;
 - c. Notify all clients via a one-time mailing;
 - d. Subsequently to the initial mailing, notify all clients through text in the Client Handbook. The Client Handbook provides information concerning client rights, including but not limited to:
 - How to contact MAA when a provider is not complying with regulations;
 - The client's right to receive medical services if they cannot afford the copay;
 - What the client should do when billed incorrectly;
 - What to do when the client wishes to challenge or appeal a bill for copay or for a denial of medical services.
 - e. MAA Provider Relations staff will work with individual providers to assure they understand and comply with these requirements.

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MEDICALLY NEEDY COST SHARING (cont.)

4. The hospital emergency room copayment of \$3.00 is not required if reasonable alternative access to care is not available. The state has sufficient reasonable alternative access to care as described on Attachment 4.18. - A, Page 4a.

E. Cumulative maximums on charges:

X State policy does not provide for cumulative maximums.

Cumulative maximums have been established as described below:

N/A